AN 2005
PTO-1390 (Rev. 12-2004)

102 Rec'd PC1/PTO 3 1 JAN 2003

Approved for use through 03/31/2007. OMB 0651-0021

U. S. Patent and Trademark Office; U. S. DEPARTMENT OF COMMENTAGE

The Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number ATTORNEY'S DOCKET NUMBER TRANSMITTAL LETTER TO THE UNITED STATES LUD 5739 US (10201468) DESIGNATED/ELECTED OFFICE (DO/EO/US) APPLICATION NO. (If known, see 37 CFR 1.5) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371 INTERNATIONAL APPLICATION NO. INTERNATIONAL FILING DATE DATE CLAIMED PCT/US03/23306 23 July 2003 31 July 2002 TITLE OF INVENTION ISOLATED, SSX-2 AND SSX-2 RELATED PEPTIDES USEFUL AS HLA BINDERS AND CTL EPITOPES, AND USES THEREOF APPLICANT(S) FOR DO/EO/US Valmori, et. al Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: 1. X This is a FIRST submission of items concerning a submission under 35 U.S.C. 371. This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371. This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must 3. include items (5), (6), (9) and (21) indicated below. The US has been elected (Article 31). Χ A copy of the International Application as filed (35 U.S.C. 371 (c)(2)) is attached hereto (required only if not communicated by the International Bureau). a. has been communicated by the International Bureau. b. is not required, as the application was filed in the United States Receiving Office (RO/US). C. An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)). is attached hereto. a. has been previously submitted under 35 U.S.C. 154(d)(4). b. Х Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)) are attached hereto (required only if not communicated by the International Bureau). b. have been communicated by the International Bureau. have not been made; however, the time limit for making such amendments has NOT expired. C. X have not-been made and will not be made. d. An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)). 8. An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)). (unexecuted) 9. Х An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)). Items 11 to 20 below concern document(s) or information included: An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 11. An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 12. Х A preliminary amendment. 13. An Application. Dáta Sheet under 37 CFR 1.76. 14. A substitute specification. 15. A power of attorney and/or change of address letter. 16. A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825. 17. 18. A second copy of the published International Application under 35 U.S.C. 154(d)(4). 19. A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). 20. Other items or information: Sequence Transfer Letter, paper copy of Sequence Listing

```

## JT12 Rec'd PCT/PTO 3 1 JAN 2005

PTO-1390 (Rev. 12-2004)
Approved for use through 03/31/2007. OMB 0651-0021
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| U.S. APPLICATION                                                                                                                                                                                                                                  | O TEA                                                                                                             | 233 | 106              | INTERNATIONAL AP                                                     | PLICATION N<br>32003/02 |               | ATTORNEY'S DOCKET NUM<br>LUD 573 |    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----|------------------|----------------------------------------------------------------------|-------------------------|---------------|----------------------------------|----|--|
| 21. The following fees are submitted:                                                                                                                                                                                                             |                                                                                                                   |     |                  |                                                                      |                         | Applicant Use | Office Use Only                  |    |  |
|                                                                                                                                                                                                                                                   | national fee                                                                                                      | s   |                  |                                                                      |                         |               |                                  |    |  |
| X b) Examination fee\$200.00                                                                                                                                                                                                                      |                                                                                                                   |     |                  |                                                                      |                         |               | \$                               |    |  |
| X c) Search fee\$500.00                                                                                                                                                                                                                           |                                                                                                                   |     |                  |                                                                      |                         |               | \$                               |    |  |
| TOTAL OF ABOVE CALCULATIONS = \$1000.00                                                                                                                                                                                                           |                                                                                                                   |     |                  |                                                                      |                         |               | \$                               |    |  |
| Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. |                                                                                                                   |     |                  |                                                                      |                         |               |                                  |    |  |
| Total Sheets                                                                                                                                                                                                                                      | Evira chagie                                                                                                      |     |                  | er of each additional 50 or fraction cof (round up to a whole number |                         |               |                                  |    |  |
| - 100 =                                                                                                                                                                                                                                           | = /50 =                                                                                                           |     |                  |                                                                      |                         | × \$250.00    |                                  |    |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).                                                                                                     |                                                                                                                   |     |                  |                                                                      |                         |               | s                                |    |  |
| CLAIMS                                                                                                                                                                                                                                            | CLAIMS NUMBER FILED N                                                                                             |     |                  | IMBER EXTRA                                                          | XTRA RATE               |               |                                  |    |  |
| Total claim                                                                                                                                                                                                                                       | Total claims -                                                                                                    |     | . = X            |                                                                      |                         | \$            |                                  |    |  |
|                                                                                                                                                                                                                                                   | Independent claims - =                                                                                            |     |                  | x                                                                    |                         | \$            |                                  |    |  |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable)                                                                                                                                                                                                       |                                                                                                                   |     |                  | +                                                                    | ATIONS -                | \$            |                                  |    |  |
| C Applicant                                                                                                                                                                                                                                       | TOTAL OF ABOVE CALCULATIONS = \$  Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above |     |                  |                                                                      |                         |               |                                  |    |  |
|                                                                                                                                                                                                                                                   | Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.                 |     |                  |                                                                      |                         |               |                                  |    |  |
|                                                                                                                                                                                                                                                   | SUBTOTAL = \$ .                                                                                                   |     |                  |                                                                      |                         |               |                                  |    |  |
| 1                                                                                                                                                                                                                                                 |                                                                                                                   |     | •                | n translation later tha                                              | an 30 monti             | hs<br>+       | \$                               |    |  |
| from the earliest claimed priority date (37 CFR 1.492 (f)). + TOTAL NATIONAL FEE = \$ 500.00                                                                                                                                                      |                                                                                                                   |     |                  |                                                                      |                         |               |                                  |    |  |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +                                                                         |                                                                                                                   |     |                  |                                                                      |                         |               |                                  |    |  |
| TOTAL FEES ENCLOSED = \$ 500.00                                                                                                                                                                                                                   |                                                                                                                   |     |                  |                                                                      |                         |               |                                  |    |  |
| Amount to be refunded:                                                                                                                                                                                                                            |                                                                                                                   |     |                  |                                                                      |                         |               |                                  | \$ |  |
| Amount to be charged: \$                                                                                                                                                                                                                          |                                                                                                                   |     |                  |                                                                      |                         |               |                                  | \$ |  |
| a. X A check in the amount of \$ 500.00 to cover the above fees is enclosed.                                                                                                                                                                      |                                                                                                                   |     |                  |                                                                      |                         |               |                                  |    |  |
| b. Please charge my Deposit Account No. in the amount of \$ to cover the above fees. A duplicate copy of this sheet is enclosed.                                                                                                                  |                                                                                                                   |     |                  |                                                                      |                         |               |                                  |    |  |
| c. X The                                                                                                                                                                                                                                          | TV The Commission will be solve authorized to charge any additional focal which may be required, or avadit any    |     |                  |                                                                      |                         |               |                                  |    |  |
| overpayment to Deposit Account No. 50-0624 . A duplicate copy of this sheet is enclosed.                                                                                                                                                          |                                                                                                                   |     |                  |                                                                      |                         |               |                                  |    |  |
| d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |                                                                                                                   |     |                  |                                                                      |                         |               |                                  |    |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the International Application to pending status.                                   |                                                                                                                   |     |                  |                                                                      |                         |               |                                  |    |  |
| SEND ALL CORRESPONDENCE TO:                                                                                                                                                                                                                       |                                                                                                                   |     |                  |                                                                      |                         |               |                                  |    |  |
| Norman D. Hanson SIGNATURE:                                                                                                                                                                                                                       |                                                                                                                   |     |                  |                                                                      |                         |               |                                  |    |  |
| Fulbright &                                                                                                                                                                                                                                       |                                                                                                                   |     | Norman D. Hanson |                                                                      |                         |               |                                  |    |  |
| 666 Fifth Avenue<br>New York, NY 10103                                                                                                                                                                                                            |                                                                                                                   |     |                  |                                                                      | NAMI                    | E             |                                  |    |  |
| CUSTOMER NUMBER: 24972  REGISTRATIO                                                                                                                                                                                                               |                                                                                                                   |     |                  |                                                                      |                         | STRATION      | 30,946                           |    |  |
|                                                                                                                                                                                                                                                   |                                                                                                                   |     |                  |                                                                      | KEGI                    |               | OWDER                            |    |  |
|                                                                                                                                                                                                                                                   |                                                                                                                   |     |                  |                                                                      |                         |               |                                  |    |  |

FORM PTO-1390 (REV 12-2004)

page 2 of 2

25491591\_1.DOC

Application No., (if known): TBA

Attorney Docket No.: LUD 5739 US (10201468)

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 331562260 US envelope addressed to:

Mail Stop: New Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| on <u>January</u> 31, 2005                          | •                     |  |  |  |  |  |  |
|-----------------------------------------------------|-----------------------|--|--|--|--|--|--|
| Date                                                | <del></del>           |  |  |  |  |  |  |
| (                                                   | Ze X                  |  |  |  |  |  |  |
| Signature                                           |                       |  |  |  |  |  |  |
| Evelyn Rosario                                      |                       |  |  |  |  |  |  |
| Typed or printed name of person signing Certificate |                       |  |  |  |  |  |  |
|                                                     | (212) 318-3000        |  |  |  |  |  |  |
| Registration Number, if applic                      | able Telephone Number |  |  |  |  |  |  |

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

- 1. Transmittal Letter to US Elected Office;
  - 2. Preliminary Amendment;
  - 3. Declaration/POA (unexecuted);
  - 4. Letter Sequence;
  - 5. Paper Copy of Sequence Listing;
  - 6. Check in the amount of \$500.00; and
  - 7. Return Receipt Postcard